

True Premium Registration Form**Agency information:**

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact person(s) _____

Provide Insurance and Finance Company Information (Check all that you work with)

| <input checked="" type="checkbox"/> <u>Insurance Company</u> | <u>Code</u> | <input checked="" type="checkbox"/> <u>Finance Company</u> | <u>Code</u> | <input checked="" type="checkbox"/> <u>Finance Company</u> | <u>Code</u> |
|---|--------------------|---|--------------------|---|--------------------|
| <i>American Vehicle</i> | | <i>ABCO</i> | | <i>Pro Premium</i> | |
| <i>Apollo Casualty</i> | | <i>Appco</i> | | <i>Security</i> | |
| <i>Cornerstone National</i> | | <i>Centrex</i> | | <i>Standard</i> | |
| <i>Federated National</i> | | <i>Del Rio</i> | | <i>Statewide (RAC Partners)</i> | |
| <i>First Commercial</i> | | <i>Elite</i> | | | |
| <i>GM Underwriters</i> | | <i>ETI</i> | | | |
| <i>Northern Capital</i> | | <i>Federated</i> | | | |
| <i>National Group</i> | | <i>Finco</i> | | | |
| <i>Redland</i> | | <i>MAG</i> | | | |
| <i>Seminole Casualty</i> | | <i>MCL</i> | | | |
| <i>US Security</i> | | <i>National Premium</i> | | | |
| | | <i>Old Colony</i> | | | |

Automatic Debit Authorization Form

I authorize the above selected Insurance Companies, Finance Companies and their affiliates, and their successors and assigns and Unisoft Communications (*MVR's*) to initiate electronic debit entries to my checking or savings account as indicated below and I authorize the financial institution (Bank) named below to debit these entries from my account. This authority shall remain in effect until Insurance Company and Finance Company and Bank have received notification from me of its termination in such time and in such manner as to afford Insurance Company and Finance Company and Bank reasonable opportunity to act on it, or until premium has been paid in full, or until Insurance Company and Finance Company or Bank have sent to me ten (10) day's written notice of Insurance Company and Finance Company or Bank termination. If I choose to terminate this authorization to debit my account, I will notify Bank in accordance with my agreement with Bank. I understand that Insurance Company and Finance Company will notify me of all debits to my account.

Bank Information

For Debits

Bank Routing Number or ABA Number

Bank Account Number

For Credits

Bank Routing Number or ABA Number

Bank Account Number

Account Holder Signature(s)

Print Name

A (VOID) copy of a “**check**” (not a deposit slip) must be submitted with this registration.